

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF EPIDEMIOLOGY AND DISEASE CONTROL SERVICES
SUBSTANTIVE POLICY STATEMENT # SP-059-PHS-EDC**

OUTBREAK REPORTING IN THE HEALTH CARE INSTITUTION SETTING

The purpose of this substantive policy statement is to notify the public how the Department interprets the A.A.C. R9-6-202(B) and Table 1 reporting requirement for an administrator of a health care institution in which an outbreak required to be reported in Table 1 is detected.

A.A.C. R9-6-202(B) states:

An administrator of a health care institution or correctional facility in which a case or suspect case of a communicable disease listed in Table 1 is diagnosed, treated, or detected or an occurrence listed in Table 1 is detected shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).

Table 1 lists those diseases and occurrences for which reporting is required and provides time limitations for reporting for each. Table 1 requires outbreak reporting for amebiasis; campylobacteriosis; acute conjunctivitis; cryptosporidiosis; diarrhea, nausea, or vomiting; giardiasis; hepatitis A; hepatitis E; salmonellosis; scabies; shigellosis; taeniasis; *Vibrio* infection; and yersiniosis within 24 hours after an outbreak is detected.

The Department understands that health care institutions (HCIs), especially hospitals, have infection control personnel who are specially trained to identify, investigate, contain, and resolve outbreaks occurring within the HCI setting. The Department also recognizes that in many instances public health intervention may not be necessary to keep such outbreaks from affecting the public health.

The Department also believes, however, that public health authorities need to be made aware of each outbreak of these diseases and occurrences in order to ensure an effective comprehensive surveillance system that provides public health authorities with the information needed to respond to developing trends and to act when necessary to protect the public health.

Because of the potential for enteric outbreaks to be foodborne or associated with bioterrorism, it is essential that public health authorities receive a report of each enteric outbreak regardless of the setting in which it occurs.

Reporting of acute conjunctivitis outbreaks is also important because acute conjunctivitis occasionally turns into highly fatal systemic disease caused by a unique invasive clone of *Haemophilus influenzae* biogroup *aegyptius*. The clone has not yet been detected in the United States, but *Haemophilus influenzae* biogroup *aegyptius* does exist in the United States, primarily

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in southern rural areas extending from Georgia to California. In addition, adenoviral keratoconjunctivitis can result in permanent scarring of the eye, and enteroviral acute hemorrhagic conjunctivitis can result in neurological complications. In an outbreak situation, public health involvement may be essential to ensuring that the agent is accurately identified and the outbreak is contained and resolved.

Reporting of scabies outbreaks is important because secondary infection caused by scratching can result in complications, and immunocompromised individuals, such as patients in a health care institution, are especially prone to extensive infestation. Also, when scabies is complicated by β -hemolytic streptococcal infection, there is a risk of severe complications or death from toxic shock syndrome, necrotizing fasciitis, or end stage renal disease caused by acute glomerulonephritis. Public health involvement again may be essential to ensuring that a scabies outbreak is contained and resolved.

The compromised health of the population in HCIs means that an HCI may be the first place where illness is detected, so HCI outbreak reporting is crucial. Any outbreak may have an impact beyond the setting where it is detected, whether in an HCI or elsewhere. An HCI may be the first location where an outbreak that originated in the outside community (not within the HCI) is identified. Prompt reporting is essential to allow local health agencies to investigate as necessary and implement control measures as indicated to contain and resolve an outbreak. Local health agencies need to be made aware of the existence of all reportable outbreaks in order to determine whether public health involvement is necessary for each one. Initial reporting can be as simple as telephonic communication of the required elements to the local health agency.

The Department understands that an outbreak detected in an HCI may not be recognized as an outbreak immediately and sometimes not even until after it has been contained and resolved. Indeed, the Department understands that not every outbreak may be detected at all. The Department interprets A.A.C. R9-6-202(B) and Table 1 to require an HCI administrator to ensure that each reportable outbreak detected in an HCI is reported within 24 hours after it is recognized as an outbreak, even if it is reported after it has been contained and resolved.

To facilitate the identification of outbreaks, the Department intends to issue a separate substantive policy statement that will include the Department's interpretation of the term "outbreak" as applied to each disease or occurrence for which outbreak reporting is required. The Department intends to revise this separate substantive policy statement whenever necessary to ensure that it reflects current knowledge about the diseases and occurrences involved.

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